

PART B - FEE(S) TRANSMITTAL

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45993 7590 07/07/2010

IBM CORPORATION (RHE)
C/O ROBERT H. FRANTZ
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(Depositor's name)

(Signature)

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APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/809,583	03/25/2004	Jason M. Bell	AUS920040052US1	7109

TITLE OF INVENTION: REAL-TIME ATTRIBUTE PROCESSOR AND SYNTAX SCHEMA FOR DIRECTORY ACCESS PROTOCOL SERVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/07/2010
				10/07/2010 AWONDAF2 00000032 090447		10009583
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LOVELL, KIMBERLY M	2167	707-769000		01 FC:1501	1510.00 DA	
				02 FC:1504	300.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Robert H. Frantz

2. Jeffrey S. LaBaw

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0447 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature / Robert H. Frantz /

Date 09/30/2010

Typed or printed name Robert H. Frantz

Registration No. 42,553

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